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CONFIRMATION NO. 8237

SERIAL NUMBER 10/733,182	FILING DATE 12/10/2003 RULE	CLASS 385	GROUP ART UNIT 2839	ATTORNEY DOCKET NO. 42P16455
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APPLICANTS

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** CONTINUING DATA *none* ******* FOREIGN APPLICATIONS *none* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	CA	5	20	3

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TITLE

U-clip for optical device alignment

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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